

Haywood County, 215 N Main Street, Waynesville, NC 28786 Vendor Registration Form

☐ Sole Proprietorship	Partnership	☐ Incorporated	LLC	☐ Gov. Entity	☐ Other:	
Name on IRS Record			Pho 	one Number	Fax Number	
Company DBA Name	- Payments will be made	e payable to this name	Pho	Phone Number Fax Numb		
W-9 or 1099 Address	s - (PO Box #, street, apt.	or suite #, city, state)			9-Digit Zip Required	
Federal Tax ID#			OR	R Social Security #		
Type of Payee:						
☐ Consultant	☐ Contractor	☐ Medical Services	☐ Legal	☐ Other:		
Demakasa Oudan lufam					I	
Purchase Order Inforr	nation (ii dillerent ir	om above):	Phone #		Fax #	
PO Box or Street, City, State	, Zip Code				E-Mail Address	
Contact: Name and Title:						
Bid/Quote/Proposal In	nformation (if differe	ent from above):				
·	,	,	Phone #		Fax#	
PO Box or Street, City, State	, Zip Code				E-Mail Address	
Contact: Name and Title:						
Remit To Information	(if different from abo	ove):				
		·	Phone #		Fax#	
PO Box or Street, City, State	, Zip Code				E-Mail Address	
Contact: Name and Title:						
Sales Tax: Haywood (tate and local			
whether you are set up	to charge these taxe	es on your invoices.		☐ Yes	⊔ No	
Invoice Payment Term invoice, unless any ava	-	• • •	-	from the date of r	receipt of	
Purchase Orders: Pul	rchases of \$1,000 or	r above require a purc	hase order nu	ımber.		
Required Forms: In a who do business with F submission of an E-Ve	Haywood County to d	-			•	



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(continued)

Do you have Workers' Compensation Insurance? (proof of Workers' Compensation Insurance may be requested)	☐ Yes	□ No					
Do you have Liability Insurance coverage? (proof of Liability Insurance may be requested)	☐ Yes	□ No					
Contractor's license #, if applicable:							
Does your business deliver to/service Waynesville, NC?	☐ Yes	□ No					
Is there a delivery charge for this?	☐ Yes	□ No					
MINORITY and WOMEN BUSINESS ENTERPRISE (MWBE) VENDOR/SUPPLIER INFORMATION							
To qualify for MWBE vendor status, 51% of the company must be owned and controlled by a minority or a woman (single or group).							
Owner:	President	President:					
Indicate if you are certified as an MWBE Vendor by:							
State of North Carolina	☐ Other						
Please check the following that apply:							
☐ African American	☐ Hispanio	;	☐ American Indian				
☐ Woman	☐ Econom	ically Disadvantaged	☐ Asian				
Commodities: Please use the space below to describe the commodities you sell or the services you wish to provide to Haywood County, or attach line cards or other information to this form.							

Submit forms to:

Donna Corpening, Purchasing Manager Haywood County Finance Department 215 N Main Street Waynesville NC 28786 Fax (828) 452-6725 dcorpening@haywoodnc.net